



Division of  
**TennCare**

Health Care  
Innovation Initiative



# **Executive Summary**

Hysterectomy Episode

Corresponds with DBR and Configuration file V2.1

*Updated: January 2, 2020*

## **OVERVIEW OF A HYSTERECTOMY EPISODE**

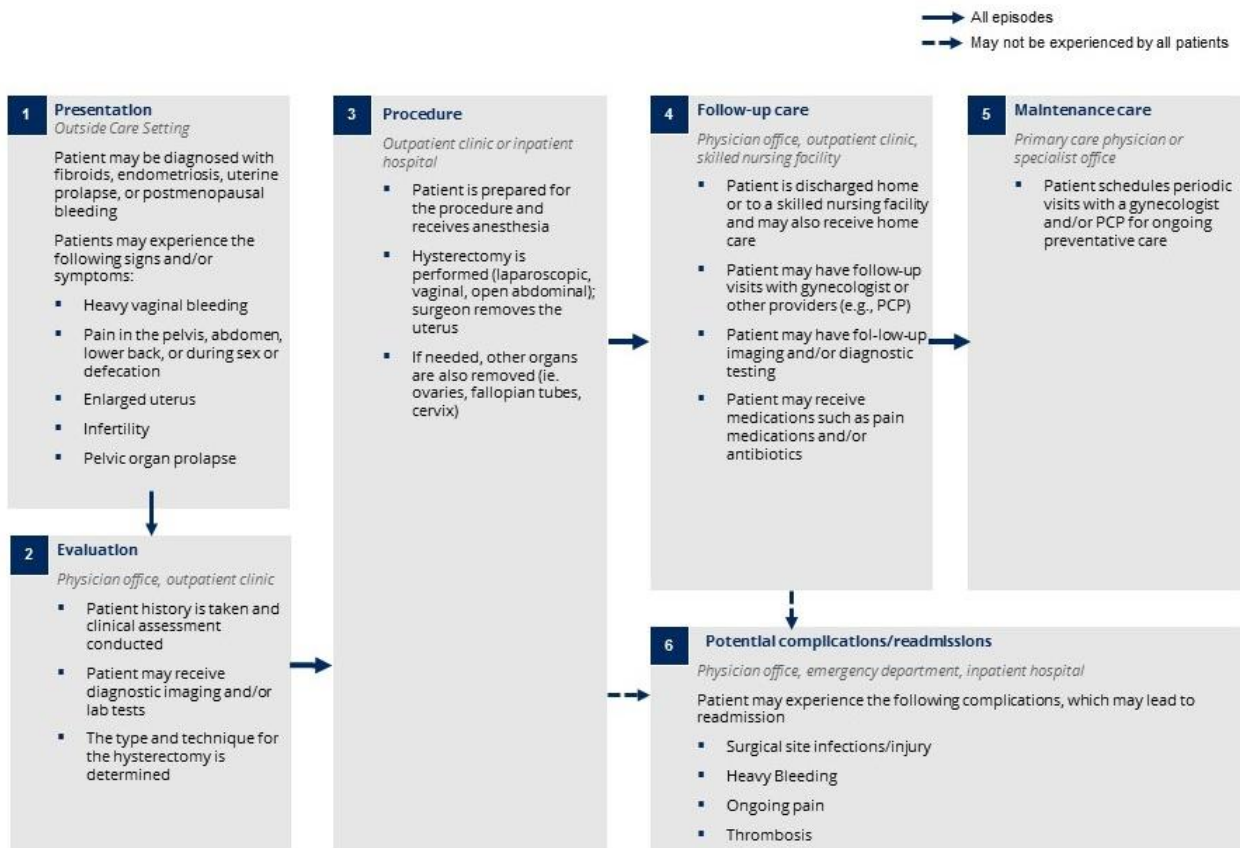
The hysterectomy episode revolves around patients who receive a hysterectomy procedure. The trigger event is an inpatient or outpatient hysterectomy procedure. All related care – such as imaging and testing, medications, pathology, surgical and medical procedures – is included in the episode. The quarterback, also called the principal accountable provider or PAP, is the clinician or group performing the hysterectomy. The hysterectomy episode begins 30 days before the triggering procedure and ends 30 days after discharge.

## **CAPTURING SOURCES OF VALUE**

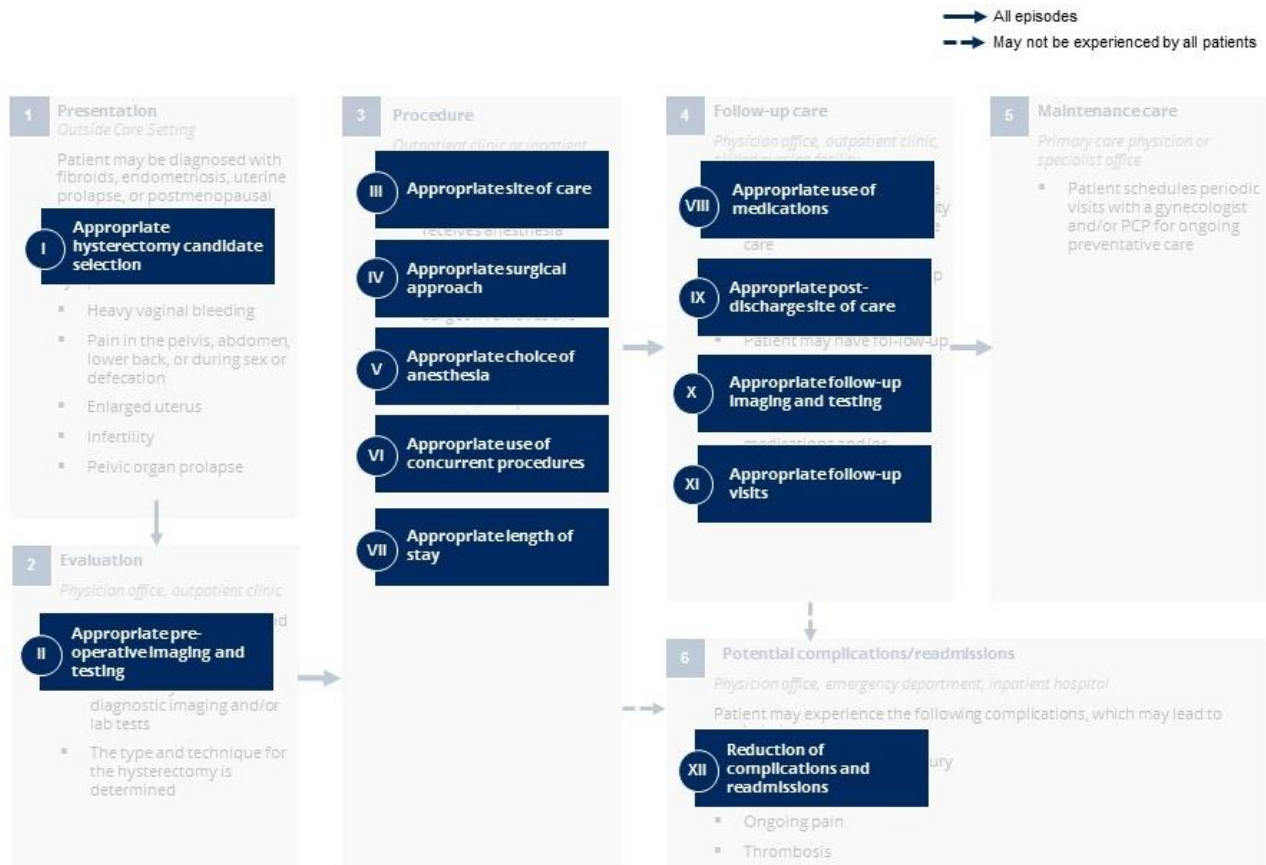
Providers have multiple opportunities during a hysterectomy episode to improve the quality and cost of care. Important sources of value include follow-up care to decrease the likelihood of post-discharge readmissions and emergency department (ED) visits, as well as selecting an appropriate site of care. Other important sources of value include the choice of appropriate surgical approach and appropriate use of pre-operative imaging and testing.

To learn more about the episode's design, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at <https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html>.

## Illustrative Patient Journey



## Potential Sources of Value



## ASSIGNING ACCOUNTABILITY

The quarterback of the episode is the specific health care provider deemed to have the greatest accountability for the quality and cost of care for the patient. To state it differently, the quarterback is the provider who has the greatest ability to influence all of the health care delivered in a given episode. For the hysterectomy episode, the quarterback is the clinician or group who performed the procedure. The contracting entity or tax identification number of the clinician or group performing the hysterectomy will be used to identify the quarterback.

## **MAKING FAIR COMPARISONS**

The episode model is designed to be fair to providers and incentivize best practices without penalizing providers who care for sicker patients. As such, important aspects of the model are:

- Inclusion of only the cost of services and medications that are related to the hysterectomy in calculation of episode spend.
- Exclusion of episodes when clinical circumstances create the likelihood that the case will deviate substantially from the typical care path or when claims data is likely to be incomplete.
- Risk adjusting episode spend to account for the cost of more complicated patients.

The hysterectomy episode pre-trigger window includes specific imaging and testing, specific medications, specific pathology, and specific surgical and medical procedures. During the trigger window, all services and specific medications are included. The post-trigger window includes care for specific diagnoses, specific anesthesia, specific imaging and testing, specific medications, specific pathology, and specific surgical and medical procedures.

Some exclusions apply to any type of episode, i.e., are not specific to a hysterectomy. For example, an episode would be excluded if more than one payer was involved in a single episode of care, if the patient was not continuously insured by the payer during the duration of the episode, or if the patient had a discharge status of 'left against medical advice'. Examples of exclusion criteria specific to the hysterectomy episode include patients who are pregnant or delivering, patients who experience pelvic fracture or trauma, and patients with gynecologic cancer. These patients have significantly different clinical courses that the episode does not attempt to risk adjust. Furthermore, there may be some factors with a low prevalence or significance that would make accurate risk adjustment difficult and may be used to exclude patients completely instead of adjusting their costs.

For the purposes of determining a quarterback's cost of each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk factors

captured in recent claims data in order to be fair to providers caring for more complicated patients. Examples of patient factors likely to lead to the risk adjustment of a hysterectomy episode include obesity, stress incontinence, and uterine hypertrophy. Over time, a payer may adjust risk factors based on new data.

## MEASURING QUALITY

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A quarterback must meet or exceed all established benchmarks for any quality metric tied to gain sharing in order to be eligible to receive monetary rewards from the episode model. Other quality metrics may be tracked and reported for quality improvement purposes but may not be tied directly to gain sharing.

The quality metrics linked to gain sharing for the hysterectomy are:

- **Alternative treatments:** Percentage of valid episodes with alternative treatments up to 180 days prior to hysterectomy (higher rate indicative of better performance)
- **Related follow-up care:** Percentage of valid episodes with related follow-up care within 42 days of discharge (higher rate indicative of better performance)

The quality metrics that will be tracked and reported to providers but that are not tied to gain sharing are:

- **Abdominal hysterectomy:** Percentage of valid episodes with an abdominal hysterectomy during the trigger window (lower rate indicative of better performance)
- **Complications:** Percentage of valid episodes with a complication during the trigger or post-trigger window (lower rate indicative of better performance)
- **Related ED visit:** Percentage of valid episodes with a related ED visit during the post-trigger window (lower rate indicative of better performance)

- **Length of stay:** Average length of stay during triggering procedure for inpatient-triggered valid episodes (lower value indicative of better performance)
- **Difference in average MED/day:** Average difference in morphine equivalent dose (MED)/day during the 1 to 60 days prior to the trigger window and average MED/day during the 31 to 60 days after the trigger window, across valid episodes (lower value indicative of better performance)
- **Average MED<sup>1</sup>/day during the pre-trigger opioid window:** Average morphine equivalent dose (MED)/day during the 1-60 days prior to the trigger window, across valid episodes (value not indicative of performance)
- **Average MED/day during the post-trigger opioid window:** Average morphine equivalent dose (MED)/day during the 31-60 days after the trigger window, across valid episodes (value not indicative of performance)
- **Opioid and benzodiazepine prescriptions:** Percentage of valid episodes with both an opioid prescription and a benzodiazepine prescription filled during the trigger or post-trigger window (lower rate indicative of better performance)

It is important to note that quality metrics are calculated by each payer on a per quarterback basis across all of a quarterback's episodes covered by that payer. Failure to meet all quality benchmarks tied to gain sharing will render a quarterback ineligible for gain sharing with that payer for the performance period under review.

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<sup>1</sup> MED: morphine equivalent dose